

ST. JAMES YOUTH MINISTRY CONSENT FORM

Name of Youth:
Birth Date:
Parent contact number:
Parent email address:

St. James Youth commits to recognizing the Light and Love that lives in every person. We invite every person to experience the love of Christ and find kinship through acceptance, awakening and service.

We have a St. James Youth Ministry Facebook and Instagram page which may be used to update you, your son/ daughter about events related to Youth Ministry. This account is' linked to St. James Parish, and has all employees at St. James Parish on the account are able to view all postings.

If you would like to keep up to date with the events and happenings, please "follow" The Official St. James Youth page.

Facebook @st.jamesyouthokotoks
Instagram @stjamesyouthokotoks

I agree to my son/daughter participating in Youth Ministry activities run by the team. This includes all events in and out of the church. I understand that every care will be taken to ensure the health, safety and welfare of my child. I realize and accept that in the event of my child's behavior adversely affecting the safety of the activity, the organizers reserve the right to send my child home.

Name _____ Signature _____
Date __/ __/ __

I consent to my child to sign themselves in/out of SJYM events.

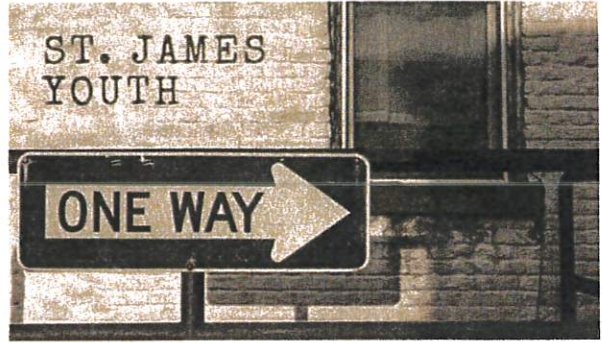
Name _____ Signature _____
Date __/ __/ ____

I understand that photographs and videos may be taken during Youth Programming Events. I give permission for my child _____ to be a part of the group imaging. I consent to the possibility of these images being used on the Parish Website or Parish and Youth social media ~~pages~~

Name _____ Signature _____
Date __/ __/ ____

Please feel free to email completed form to youth@stjamesparishrc.com or send in hard copy with your youth.

St. James Youth Permission Form



Please note that the information on this form is for the use of the youth leaders at St. James Youth and is not available to any other individuals or groups. This means that we will not disclose your e-mail address, mobile number or any other details to another individual without your permission.

Details of Participant

Name _____

Date of Birth ____ / ____ / ____

Address _____

Postal Code _____

Email Address _____

Mother Name: _____ Father Name: _____

Emergency Contact Details

In the event of an emergency relating to your son/daughter please provide information below which we can use to contact you.

Adult Emergency Contact Name _____

Contact Telephone Number _____

Medical Information

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness etc.) which we should be aware of?

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

Other Important information about Participant

